U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

go announcement of the			
1. File Number U - 7689	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Cory L Hanninen	Name Plumbers AFL-CIO Local 459		
	Labor Organization File Number 039-109		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 9111 Snow Flake Court	Street 1026 S 5th St W		
City Missoula	City Missoula		
State Montana ZIP Code + 4 59808-5918:	State Montana ZIP Code + 4 59801-2428		
5. Position in labor organization. Recording Secretary			
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).			
Name (Internal Property Control Property			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	·		
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete, (See the sec	ing documents), has been examined by the signatory and is, to the best of the		
Signed Com L Hammen	On <u>S-10-05</u> (<u>W6) 549-1177</u> Date Telephone Number		

Name of Person Filing Cory Hanninen	F	ile Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of vnich consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Missoula Joint Pipe Trades Training Trust	9. Business deals with:			
P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer			
Street 1026 S 5th St W City Missoula	Security Control of the Control of t			
State Montana ZIP Code + 4 59801-2428	11 a Natura of such declina			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ges & Reimbursed Expenses		
Name Missoula Joint Pipe Trades Training Trust Trade Name, If any:				
P.O. Box, Bldg., Room No., if any				
Street 1026 S 5th St W	11.b. Approximate dollar value	of such dealing. \$3,166		
City Missoula Market Andrews Market M	12.a. Nature of interest held of	The period of the second of th		
State Montana ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)			
	r parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.			
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